

| MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875) | | | | | | SERIAL NO. <div style="font-size: 1.2em; font-family: cursive;">09534205</div> | | FILING DATE <div style="font-size: 1.2em; font-family: cursive;">03-13-00</div> | | | |
|--|------|------------------------|------|------------------------|------|---|------|--|------|--------------|------|
| | | | | | | APPLICANT(S) | | | | | |
| CLAIMS | | | | | | | | | | | |
| AS FILED | | AFTER 1st AMENDMENT | | AFTER 2nd AMENDMENT | | * | | * | | * | |
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| TOTAL CLAIMS | | TOTAL CLAIMS | | TOTAL CLAIMS | | TOTAL CLAIMS | | TOTAL CLAIMS | | TOTAL CLAIMS | |